

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031742

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 166

FILED AUG 21 1962

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Cowgill</u>	
c. FULL-NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chillicothe Hosp</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First <u>Otis</u> Middle <u>O</u> Last <u>Wilkerson</u>		4. DATE OF DEATH Month <u>8</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-13-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Ret</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	
11a. FATHER'S NAME <u>Dr. J.O. Wilkerson</u>		11b. MOTHER'S MAIDEN NAME <u>Belle Hemery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Mrs. Ernie Wilkerson, Cowgill, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apoplexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Cowgill, Mo</u>	
21. I attended the deceased from <u>8-6-62</u> to <u>8-9-62</u> and last saw him alive on <u>8-9-62</u> Death occurred at <u>9:45 A.M.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>8/11/62</u>	
22a. SIGNATURE <u>J.M. Dowell M.D.</u>		22b. ADDRESS <u>Chillicothe Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-11-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Cowgill, Mo</u>
24. FUNERAL DIRECTOR <u>Clark Funeral Home, Kingston Aug 11, 1962</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 11, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>			

(Licensed Embalmer, Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59059520130

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121-0131-0

SEP 11 1962

AUG 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~XXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

Student _____

Signature of Student Embalmer

Signed

Cramer Clark

Licensed Embalmer No.

3257

P.O. Address

Kingston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.